

CENTRAL FAX GENTER MAY 2 3 2006

Ideas that Change the World

P.O. Box 1663, LC/IP, MS A187 Los Alamos, NM 87545 (505) 667-3766 Fax: (505) 665-4424

FAX TRANSMISSION COVER SHEET

Date: May 23, 2006

Issue Fee To:

US Patent and Trademark Office

Phone:

Fax: (571) 273-8300

From: Bruce H. Cottrell

LC/IP

Phone: (505) 667-9168

(505) 665-4424

10/723.073 Re:

S-100,587 Don M. Coates

Sender: Karen Y. Mikus

YOU SHOULD RECEIVE 2 PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-1684.

Comments:

Included in this facsimile transmittal are the following documents for filing in the aboveidentified patent application:

Issue Fee

Fee Payments Authorized: \$ 1,700.00

IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICES. THANK YOU.

UNCLASSIFIED

m -1-1 - -

PART B - FEE(S) TRANSMITTAL

BEGENER CENTRAL PAX CENTER

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

MAY 2 3 2006

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected l maintenance fee notification	below or directed otherwise	in Block I, by (a)	specifying	a new correspondence addres		
CURREN'T CORRESPONDENCE ADDRESS (Note: Use Block 1 for any charge of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate councy be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
J5068 7590 04/13/2006 UNIVERSITY OF CALIFORNIA LOS ALAMOS NATIONAL LABORATORY P.O. BOX 1663, MS A187				C	artificate of Mailing or Tra-	
LOS ALAMÓS, N	M 87545			Bruce H.	Cottrell	(Depositor's armsc)
				Brus	a A Cottrell	(Signature)
				May 23, 20	06	(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,073	11/25/2003		Don M.	. Coates	S-100,587	8620
TITLE OF INVENTION: II	DENTIFICATION CODING	SCHEMES FOR I	MODOLATI	ED REFLECTANCE SYSTEM		
· Appln. Type	SMALL ENTITY	ISSUE FEE		PUBLICATION FEB	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	5700 41400		\$300	510€0 517 <i>0</i> 0	07/13/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	31100	
AU, SCOTT D		2612		340-010410		
1. Change of correspondence address or indication of "Fee Address" (37 CFR) .363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) stacked. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) anached. Use of a Customer Number is required.			(1) the ma	For printing on the patent front page, list the names of up to 3 registered patent anomeys agents OR, alternatively, the name of a single firm (having as a member a giscered automey or agent) and the names of up to registered patent anomeys or agents. If no name is ted, no name will be printed.		
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN The Regent:	S of the	clow, no assigned of this form is NOT	data will app f a substitute (B) RESIDI	T (print or type) pear on the patent. If an assi for filing an assignment. ENCE: (CITY and STATE OF Alamos, New Mex parent): Individual (A)	ico	
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): \[\int \text{ A check in the amount of the fee(s) is enclosed.} \] \[\int \text{ Payment by credit card. Form PTO-2038 is attached.} \] \[\int \text{ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \[\frac{12-2150}{2-2150} \] (enclose an extra copy of this form).			
5 Da Applicant claims S	s (from status indicated above SMALL ENTITY status. Sec is requested to apply the Iss publication Fee (if required) cords of the United States Par	37 CFR 1.27.	b. Applition Fee (if a diffeen anyon Office.	icant is no longer claiming SM my) or to re-apply any previous the other than the applicant, a n	IALL ENTITY status. See 37 usly paid issue fee to the apple of stored attorney or agent, o	CFR 1.27(g)(2). lication identified above, r the assignee or other perty in
Authorized Signature	Bun H. C	ottull		Date Ma	ay 23, 2006	
Typed or printed name_	Bruce H. Cottr	ell		Registration	_{n No.} 30,620	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paumia, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.